								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective January 1, 2003								10632 900					
CLAIMS AS FILED - PART I (Column 1)						(Column 2)			SMALL ENTITY TYPE		OTHER THAN		
TOTAL CLAIMS			7		and the state of t		ſ	RATE	FEE	1	RATE	FEE	
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			7 minus 20=		· Ø			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		P			X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM P			RESENT				ſ	+140=		OR	+280=	,	
* If	the difference	in column 1 is	less than ze	ss than zero, enter "0" in column 2				TOTAL	-	OR	TOTAL	750.00	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L ENTITY	OR	OTHER SMALL		
		(Column 1) CLAIMS	HIGH			(Column 3)	7 –	4.117E	ADDI-]		ADDI-	
AMENDMENT A	·	REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA	∤	RATE			RATE	TIONAL FEE	
	Total	• 7	Minus	- 3	0	=		X\$ 9=		OR	X\$18=		
	Independent	· 2	Minus	***	}	-		X42=		OR	X84=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		!	+140=	:	OR	+280=	<u>-</u>	
							L	TOTA			TOTAL ADDIT. FEE	<u> </u>	
(Column 1) (Column 2) (Column 3)									: C	3	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING	!	HIGH NUM	EST	PRESENT	lr		ADDI-	7		ADDI-	
		AFTER AMENDMENT		PREVIO PAID	DUSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	:	OR	X\$18=		
	Independent	* NTATION OF MI	Minus	***	CLAIN	=	l [X42=		OR	X84=		
L	TINOTTRESE	INTATION OF WI	JETTE DEF	CIADCIAI	CLAIN		' [+140=	:	OR	+280=		
								TOTA		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING		HIGH NUM		PRESENT	1 г	-	ADDI-			ADDI-	
		AFTER AMENDMENT		PREVIO PAID	DUSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	1	X\$ 9=		OR	X\$18=	1.55	
	Independent	*	Minus	***		=	1	X42=	 		X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	A74=	-	OR			
+140= * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		mber Previously Pa ber Previously Pa					er foul	nd in the	appropriate bo	x in co	lumn 1.		

FORM PTO-875 (Rev. 12/02)

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*U.S. Government Printing Office: 2003 — 498-278/69151

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